

Question Number/RFP Section/Page	Questions Related to Request for Proposal (RFP) #HP632209, Maricopa County Managed Behavioral Health Care ¹ Question	Subject
Question 110 Paragraph G. Evaluation Criteria	<p>The first paragraph, last sentence states: "The objective of the RFP is to select a behavioral health managed care organization that brings:...".</p> <p>Are the items listed below the first paragraph the actual evaluation criteria? If so, what is the relative order of importance?</p> <p><u>A solicitation amendment is forthcoming.</u></p> <p>In the Scope of Work, Paragraph A.2.n. through y., Pg. 20-22, the same language as the Evaluation Criteria is repeated.</p> <p>Please clarify why this language appears as both Evaluation Criteria and Scope of Work.</p> <p><u>It is not uncommon to have important language appear in a solicitation document numerous times in various sections of the document.</u></p>	Evaluation Criteria
Question 111 K: Resources for Developing Proposal p. 15	<p>We have obtained the data files per the secure Web link and have the following questions regarding the file titled active_06: Non-Title Adult reported service costs in excess of contract revenue of \$10.7 million. Revenues (per alloc_07 file) were only anticipated to increase \$1.2 million.</p> <ul style="list-style-type: none"> • Are costs expected to decrease and if so what are the measures that are being taken to decrease service costs? • If costs are expected to continue to increase, will there be any additional funding to cover losses? <p><u>See RFP Scope of Work Section M. Finance and Rates 1.b. and 3.c.</u></p>	Special Instructions
Question 112 K: Resources for Developing Proposal p. 15	<p>In the response to the first set of RFP questions, it was noted that the \$2.5 million Non-ADHS administrative expense shown on file active_06 pertains to "Investment Income Administration" of the current RBHA. Please explain the meaning of "Investment Income Administration."</p> <p><u>The expenses by the current RBHA incurred to manage their investments.</u></p>	Special Instructions
Question 113 M.7. Financial Viability Standards / p. 165	<p>Per the Financial reporting guide, the equity per enrolled member is based on Net Assets divided by the number of Title XIX and XXI enrolled members. Please define Net Assets.</p> <p><u>Consult your accountant for your company's definition of Net Assets.</u></p>	Scope of Work – Financial Reporting Guide
Question 114 G.5.a.ix, Management of Care, Performance Measures, Quarterly Pharmacy Data Report / p. 118 and Exhibit A / p. 241	<p>Please provide examples of existing quarterly pharmacy reports for a complete understanding of components included.</p> <p><u>The very first quarterly pharmacy reports are due February 15, 2007 from current Contractors. A representative example of the quarterly pharmacy report , redacted for RBHA identifiers, will be posted on the Maricopa County Behavioral Health Services RFP Bidder's Resource Library web page by close of business Thursday February 22, 2007.</u></p>	Tracking and Reporting

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<p>Question 115 F. Managed Care / 6. Practice guidelines / p. 224</p>	<p>The item asks, <i>Describe any Practice Guidelines for utilization of care that the Offeror proposes to use in addition to those required by ADHS.</i> We are aware at the state's website http://www.azdhs.gov/bhs/guidance/guidance.htm there is a section entitled "Clinical Practice Guidelines." We assume this is equivalent to Practice Guidelines, as defined on page 224 of the RFP. There are three specific Clinical Practice Guidelines linked (Phases and Activities of the Wraparound Process, Treatment of Patients with Acute Stress Disorder and Posttraumatic Stress Disorder, and Treatment of Bipolar Disorder) and also linked are the entire APA Practice Guidelines and the Expert Consensus Guidelines Series. Are the Practice Guidelines currently required by ADHS the three specific Clinical Practice Guidelines listed, or those three plus all of the APA and Expert Consensus Guidelines?</p> <p><u>Practice Guidelines required by ADHS are the ADHS/DBHS Clinical Guidance Documents which are incorporated by reference into the Solicitation.</u></p> <p><u>A formal Solicitation Amendment forthcoming</u></p>	<p>Practice Guidelines</p>
<p>Question 116 F. Managed Care / 6. Practice guidelines / p. 224</p>	<p>Does the State consider the Practice Improvement Protocols and Technical Assistance Documents listed under the Clinical Practice Guidelines to be Practice Guidelines, as defined on page 224 of the RFP?</p> <p><u>Yes.</u></p>	<p>Practice Guidelines</p>
<p>Question 117</p>	<p>The table on page 223 requires information for claims line and clinical line. The footnote on page 223 states that the Clinical Line includes crisis. However, the last column for crisis services appears incompatible with the instructions.</p> <p>Please clarify what information is to be put in the crisis column of the table?</p> <p><u>The last four rows of the Crisis Service column should be completed only if the Offeror operates a stand-alone, crisis service. Otherwise, crisis calls should be included in the clinical line.</u></p>	<p>Proposal content clarification</p>
<p>Question 118 210-239</p>	<p>Several of the RFP questions (e.g. B.3.a.) require the Offeror to submit statistics for customers listed in A.3.c. In some instances, there are not statistics to report as the customers listed in A.3.a do not have the program requirement being requested in this RFP.</p> <p>In instances where the requested statistics do not exist for customers listed in A.3.c., is it permissible to provide statistics from the next largest contracts?</p> <p><u>A formal Solicitation Amendment forthcoming.</u></p>	<p>Proposal content clarification</p>
<p>Question 119 Proposal Content H.11 and Scope of Work – D. Network Development – 2. Network Transformation</p>	<p>The Proposal Content section on page 233 states, "a. Provide the detailed geographic accessibility reports for those zip codes that do not meet standards." Upon review of all documents provided by ADHS, the only distance requirements that can be located pertain to the Prescriber Sufficiency Model that conveys that prescribers are to be located within close proximity of consumers. Consumers in rural areas should not have to travel more than 1 -1.5 hours for a prescriber.</p> <p>Please clarify where to locate the specific network or distance standards related to the questions (e.g. network standards by zip codes).</p> <p><u>See ADHS/DBHS Provider Manual Section 3.2 Appointment Standards and Timeliness of Service.</u></p>	<p>Network distance standards</p>

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Question 120 Proposal Content H.11 and Scope of Work – D. Network Development – 2. Network Transformation	<p>The Proposal Content section page 233 states, “11. b. <i>Submit a proposal</i> for expanding geographic access in under-served areas of Maricopa County. Specifically, address the requirements outlined in subsection “f” of the Network Transformation section of the Contract and the requirement for at least two (2) outpatient clinics <u>per zip code.</u> ...”</p> <p>Please clarify if the language in the Proposal Content section should read <i>two outpatient clinics per underserved area</i> rather than <i>two (2) outpatient clinics per zip code.</i></p> <p><u>A formal Solicitation Amendment forthcoming</u></p>	Proposal content clarification
Question 121	<p>Page 237, Item 3 requests an Offeror to, “ Provide two (2) examples each of successful and unsuccessful government/public sector customer corrective action plan implementations ...”</p> <p>Please clarify if the corrective action plan (CAP) pertains to CAPs between the Offeror and client or does it include CAPs between the Offeror and their subcontractors or both.</p> <p><u>Please review Proposal Content I. Quality Management. Grievances and Appeals, Compliance question 3 on page 237.</u></p>	Proposal content clarification
Miscellaneous		
Question 58 Page 47 Scope of Work Paragraph Covered Behavioral Health Services and Managed Care Service Delivery, 7.e	<p>Page 47 states, "The Contractor shall require its housing subcontractor to meet the requirements listed above as well as the following requirements:... iii. Develop and maintain a semi-annual monitoring plan for all Office of Behavioral Health Licensure (OBHL) residential living programs..."</p> <p>The RFP does not appear to specifically state what entity (Contractor or networks) is to contract with Level II and Level III residential behavioral health services or adult foster care homes.</p> <p>Please clarify that the Contractor or PNOs are permitted to contract for Level II and III residential behavioral health services or adult foster care homes.</p> <p>1/26/07 Answer: The PNOs are to contract for Level II and Level III residential behavioral health services or adult foster care homes.</p> <p>If so, would It be possible to remove the requirement that the housing subcontractor specifically monitor these settings?</p> <p>1/26/07 Answer: ADHS will respond to this portion of the question at a future date.</p> <p>2/1/07 Answer: Scope of Work Covered Behavioral Health Services and Managed Care Service Delivery Paragraph 7. Specific Service Components e. Housing Services and f. Annual Housing Plan, Housing Committee and Disclosures are stricken and replaced in their entirety with the following:</p> <p><u>e. Housing</u></p> <p><u>A formal Solicitation Amendment forthcoming.</u></p>	Scope of Work
Question 122	<p>Were Uniform Instructions intentionally excluded from the RFP?</p> <p><u>A solicitation amendment is forthcoming.</u></p>	Uniform Instructions
Question 123	<p>Does the RFP include Residential Treatment Programs and what would be considered a bed capacity limitation?</p> <p>Response: See Scope of Work c. Covered Behavioral Health Services and Managed Care Service Delivery 2. Covered Behavioral Health Services. Number of residential treatment center beds in the Contractor's network is negotiated between the Contractor and its subcontractors.</p>	Scope of Work